

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Calvert County HospitalHow long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County A.A.City or town Muttsell
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

George W. Coleman

3. (b) Social Security Number

4. Sex M.5. Color or race W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 2 Sept 1874

6. (c) If alive, give age _____ years

8. AGE: Years 73 Months _____ Days _____ If less than one day

_____ hrs. _____ min.

9. Birthplace D.C.

(Town, county, and state)

10. Usual occupation none

11. Industry or business _____

12. Name Geo. W. Coleman13. Birthplace D.C.14. Maiden name Jane E. Riskey15. Birthplace D.C.

16. Informant _____

Address _____

17. Burial Date thereof 3-24-47
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory GreenwoodLocation Wash. D.C.18. Funeral director F. J. ColemanAddress 3821-14 St. NW, Wash. D.C.19. 3-22-47 N.W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 Mar. 19 47 at 7³⁰ A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
21 Mar. 19 47 to 23 Mar 19 47and that I last saw him alive on 23 Mar. 19 _____

Immediate cause of death _____

DURATION

Tuber pneumonia

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE H. J. Coleman M. D. or otherAddress Huntingtown Md Date signed 23 Mar 47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 25 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-1

CERTIFICATE OF DEATH

Reg. Dist. No. 02621 118

1. PLACE OF DEATH:

County... CalvertCity or town... Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert Co., Md.How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... CalvertCity or town... Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war... No

3. (a) FULL NAME

James R. Elliott

3. (b) Social Security Number

No

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M W M

8. (b) Name of husband or wife

Victoria M. Elliott

7. Birth date of

deceased (mo., day, yr.)

Oct. 2, 18676. (c) If alive, give age... 72 years

8. AGE:

Years

Months

Days

If less than one day

79511

hrs.

min.

9. Birthplace

Princess Island, Md.
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

12. Name... Boston Elliott13. Birthplace... Md14. Maiden name... Ezzie Hooper15. Birthplace... Md16. Informant... Emerson ElliottAddress... Princess Island, Md17. Burial Date thereof... Mar. 16, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Princess IslandLocation... Princess Island, Md18. Funeral director... A. A. Warkness & SonAddress... Montreal, Md19. 3/15 19 47 N. W. Ward

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Mar. 13, 1947, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10, 1947 to March 9, 1947

and that I last saw him... alive on... 19...

Immediate cause of death... Arteriosclerotic C.V. disease

DURATION

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Gage J. D.Address... Prince Frederick Date signed... 3/15/47

M. D. or other

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MAR 19 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

02622 113

Reg. Dist. No. 510

1. PLACE OF DEATH:

County Cabot
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
Cabot County Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Cabot
 City or town Solomons
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 710
 (If rural, give LOCATION)
 2.(a) If veteran, name war 710

3. (a) FULL NAME

Teresa Rhane Flowers

3. (b) Social Security Number

710

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Oct. 13, 1946

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

0425

hrs.

min.

9. Birthplace

Solomons, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
MOTHER

12. Name

Harland Flowers Jr.

13. Birthplace

North Carolina

14. Maiden name

Mildred E. Bant

15. Birthplace

North Carolina

16. Informant

Harland Flowers Jr.

Address

North Carolina

17.

(Burial, cremation, or removal, Which?)

Date thereof

Mar. 10, 1947
(month) (day) (year)

Cemetery or crematory

Solomons M.E.

Location

Solomons, Md.

18. Funeral director

A. A. Washburn & Son

Address

Mutual, Md.

19.

(Date rec'd by registrar)

3 10 47N. W. Wada

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 8

19

47

at

11

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 8

19

47

to

March 8

19

47

and that I last saw her alive on

March 8

19

47

Immediate cause of death

Pulmonary Bronchial Pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. J. A. J.

M. D. or other

Address

Dr. J. A. J.

Date signed

3/9/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of age shown on is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
of age shown on
John 1109-3124/47. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 026241 2
510

1. PLACE OF DEATH: Calvert
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Maryland County.....Calvert
City or town.....Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Warren Gantt

3. (b) Social Security Number

4. Sex.....M 5. Color or race.....C 6.(a) Single, married, widowed, or divorced.....X
6.(b) Name of husband or wife.....Laura Gantt
6.(c) If alive, give age.....60 years
7. Birth date of deceased (mo., day, yr.).....June 15 - 1879
8. AGE: Years.....59 Months.....5 Days.....8 It less than one day.....hrs. min.....

9. Birthplace.....md
(Town, county, and state)
10. Usual occupation.....Farmer
11. Industry or business.....
12. Name.....Thomas Gantt
13. Birthplace.....md
14. Maiden name.....Rachel Norfolk
15. Birthplace.....md

16. Informant.....Laura Gantt
Address.....Huntingtown md
17. Burial.....Burial Date thereof.....3-4-47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....Mr. Potter
Location.....Calvert

18. Funeral director.....P.E. Seacull
Address.....Prince Frederick, md

19. 3-3 19 47 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....3-2-1947 at 4:35 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....19....., to.....19.....
and that I last saw h.....alive on.....19.....

Immediate cause of death.....Cerebral hemorrhage
Due to.....hypertension c.v.d.
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?.....

23. SIGNATURE.....Prince Fred M. D. or other.....
Address.....Prince Fred Date signed.....3/3/47

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MAR 15 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

Anna Nell Gray

3. (b) Social Security Number

No

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Lytleton Gray6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.)

Feb. 14, 1903

8. AGE:

Years

Months

Days

If less than one day

4413

.....hrs.min.

9. Birthplace

Hummelto, Pa
(Town, county, and state)

10. Usual occupation

Home

11. Industry or business

FATHER

12. Name

Charles S. Noel

13. Birthplace

Pa.

MOTHER

14. Maiden name

Barbara Conrad

15. Birthplace

Pa

16. Informant

Lytleton Gray

Address

Prince Frederick, Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Mar. 20, 1947
(month) (day) (year)

Cemetery or crematory

Central

Location

Barstow, Md

18. Funeral director

A. G. Harkness & Son

Address

Mutual, Md

19.

3-18
(Date rec'd by registrar)47N. W. Evans

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 17, 1947 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 13, 1947 to March 17, 1947and that I last saw him alive on March 13, 1947

Immediate cause of death

Coronary Occlusion

DURATION

5 days

Due to

Arteriosclerotic Changes6 months

Due to

in Coronary Vessels

Due to

Arteriosclerotic Vessels?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Page & DeH

M. D. or other

Address

Prince FrederickDate signed 3/18/47

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 02625 510

1. PLACE OF DEATH:

County Calvert HospitalCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sherwood Howe

4. Sex

m.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)Feb 27, 1913

B. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

34

..... hrs. min.

9. Birthplace

md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER
MOTHER

12. Name

George Howe

13. Birthplace

md

14. Maiden name

Ellen Commadore

15. Birthplace

md.

16. Informant

Ellen Boone

Address

Port Republic, md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

4-1-47
(month) (day) (year)

Cemetery or crematory

Browns,

Location

Calvert,

18. Funeral director

P. L. Sewell

Address

Prince Frederick, md.

19.

(Date rec'd by registrar)

19. 47N. W. Cline

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md.County Calvert

City or town

Port Republic, md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

3-29, 1947, at 11 P. M. 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

gunshot wound of
left jaw, hemorrhage
& death type could
be pending

DURATION

5 min

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

gunshot Date of 3/29/47

Where did injury occur?

Port Republic, Calvert md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Public place

Means of injury

gunshot injured at work? No

23. SIGNATURE

Dr. W. Cline
Port Republic, md
March 29, 1947 Date signed 3/29/47

M. D. or other

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH:

County Calvert
 City or town St. Leonard's
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war no

3. (a) FULL NAME

James William Hungerford

3. (b) Social Security Number

218-05-3476

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Emma F. Hungerford6. (c) If alive, give age 73 years

7. Birth date of

deceased (mo., day, yr.)

June 15, 1873

8. AGE:

Years

Months

Days

If less than one day

73916

hrs.

min.

9. Birthplace

Calvert Co. Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

William Hungerford

13. Birthplace

Md.

MOTHER

14. Maiden name

Mary Louise ?

15. Birthplace

Md.

16. Informant

Mildred Powell

Address

St. Leonard's, Md.17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

Apr. 2, 1947
(month) (day) (year)

Cemetery or crematory

St. Paul

Location

Lusby, Md.

18. Funeral director

A. G. Haskins & Son

Address

Mt. Airy, Md.

19.

(Date rec'd by registrar)

19.

47

H. W. Ware
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 31, 1947 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19_____, to March 31, 1947

and that I last saw him _____ alive on _____ 19____.

Immediate cause of death

DURATION

Circumstances

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02627

Reg. Dist. No. 510

1. PLACE OF DEATH:

County Calvert HospitalCity or town Prince Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County CalvertCity or town Adelina
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Wilbert W. Johnson.

3. (b) Social Security Number

4. Sex

m.

5. Color or race

c

6.(a) Single, married, widowed, or divorced

x

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) march 15, 1928

8. AGE:

Years

Months

Days

If less than one day

19

_____ hrs. _____ min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

FATHER
MOTHER

12. Name

Andrew Johnson

13. Birthplace

md.

14. Maiden name

Oella Knight

15. Birthplace

md.

16. Informant

Oella Johnson

Address

Adelina md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

3-17-47
(month) (day) (year)

Cemetery or crematory

Carrolls

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick, Md

19.

(Date rec'd by registrar)

19. 47N. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15-1947 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 29 1947 to 3/15 1947and that I last saw h. _____ alive on _____ 1947

Immediate cause of death

acute lymphatic leukemia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Prince Frederick Date signed 3/17/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *368*

CERTIFICATE OF DEATH

 115
 ★ 02628
 Reg. Dist. No. *510*

1. PLACE OF DEATH:

 County..... *Calvert Hospital*
 City or town..... *Prince Frederick, Md.*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rachel Mackall

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife.....

Thomas Mackall

7. Birth date of deceased (mo., day, yr.)

7

6. (c) If alive, give age.....

40 years

8. AGE:

Years

Months

Days

If less than one day

41

hrs.

min.

9. Birthplace.....

Md.

(Town, county, and state)

10. Usual occupation.....

Domestic

11. Industry or business

 FATHER
 MOTHER

12. Name.....

General Chase

13. Birthplace.....

Md.

14. Maiden name.....

Eliza Holland

15. Birthplace.....

Md.

16. Informant.....

Thomas Mackall

Address

Awings, Md.

17.....

Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

3-15-47

Cemetery or crematory.....

Patuxent

Location.....

Calvert

18. Funeral director.....

P.E. Sewell

Address

Prince Frederick, Md.

19.....

*3-14*19 *47*

(Date rec'd by registrar)

H.W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Calvert

City or town.....

Awings, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

3-12

19.....

47

at

9 A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11

19.....

47

to

March 11

19.....

and that I last saw her alive on

March 11

19.....

Immediate cause of death.....

Intestinal obstruction

DURATION

Due to.....

Hysterectomy

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

*Tubercula of uterus**Excision of intestine*Date of op. *2-26-47*

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Rachel Mackall

M. D. or other

Address.....

*Prince Frederick, Md.*Date signed *3-14-47*

RECEIVED

MAR 17 1947

BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of age and addition of birthdate is shown on G 109 4/1/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 510

02699

1. PLACE OF DEATH:

County Calvert
City or town Mutual, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Calvert
City or town Mutual, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Eliza Parran.

3. (b) Social Security Number

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced X
B.(b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) 7 Nov. 9, 1863
8. AGE: Years 82 Months 83 Days If less than one day
.....hrs.min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business
12. Name Ben Coats
13. Birthplace Md.
14. Maiden name Barbara Gray
15. Birthplace Md.

16. Informant Alexander Gross
Address St Leonards, Md.
17. Burial Date thereof 3-21, 47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Brown's Chapel
Location Calvert
18. Funeral director P. E. Sewell
Address Prince Frederick Md

19. 3-20 19 47 A. W. Tamm
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-19, 1947 at 11 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/1 19 47 to 3/19 19 47
and that I last saw h..... alive on 19 47

Immediate cause of death Cardiac Failure
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Page 2 M. D. or other
Address Prince Frederick Date signed 3/20/47

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MAR 25 1947

BUREAU OF A

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

02630

CERTIFICATE OF DEATH

Reg. Dist. No. 522

1. PLACE OF DEATH:

County Calvert
City or town North Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Calvert
City or town North Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

William Preston Rinker

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 19, 1861 6. (c) If alive, give age years

8. AGE: Years 85 Months 8 Days 16 It less than one day
hrs. min.

9. Birthplace Manassas VA
(Town, county, and state)

10. Usual occupation retired

11. Industry or business

12. Name Mrs. Rinker

13. Birthplace VA

14. Maiden name Lydia Good

15. Birthplace VA

16. Informant Mrs. Rhine Sinclair

Address North Beach Md.

17. Burial Date thereof 3/30/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Met. Harmony

Location Friendships

18. Funeral director Mr. H. Hutchins

Address Croft's md.

19. Mar 28 19 47 Edna L. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 19 47 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 19 47, to March 28 19 47
and that I last saw him alive on 19

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edna L. Hutchins M. D. or other

Address Friendships Date signed 3/28/47

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 8 1947

BUREAU V S.

2-25

2-520 - 2-10

Evidence for the change of age is shown on G 109 4/15/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 510

02631

121

136

★

1. PLACE OF DEATH:

County Calvert

City or town Olivett
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Olivett
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Margarett C. Sutton

3. (b) Social Security Number

4. Sex

F

5. Color or race

C.

6.(a) Single, married, widowed, or divorced

X

6.(b) Name of husband or wife

Ned Sutton

7. Birth date of deceased (mo., day, yr.)

July 22, 1915

6.(c) If alive, give age 40 years

8. AGE:

Years

Months

Days

It less than one day

3/2 31

hrs. min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER
MOTHER

12. Name

Harry Chase

13. Birthplace

md

14. Maiden name

Marion Jancy

15. Birthplace

md

16. Informant

Ned Sutton

Address

Olivett, md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

3-31-47
(month) (day) (year)

Cemetery or crematory

Eastern Chapel

Location

Calvert

18. Funeral director

P.E. Sewell

Address

Prince Frederick md

19.

3-31-47
(Date rec'd by registrar)

1947

H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29, 1947, at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

Pulmonary Tuberculosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address..... Date signed.....

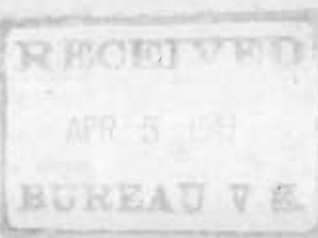
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95C

02632

8

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County CalvertCity or town Pang
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Pang
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Walton

3. (b) Social Security Number

4. Sex

m.

5. Color or race

w

6. (a) Single, married, widowed, or divorced

m.

6. (b) Name of husband or wife

Maggie Walton

May 3, 1879

7. Birth date of deceased (mo., day, yr.)

Nov. 22, 18796. (c) If alive, give age 67 years

8. AGE:

Years

Months

Days

If less than one day

67

.....hrs.min.

9. Birthplace

md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Charles Walton

13. Birthplace

md

14. Maiden name

Rosalie Stallings

15. Birthplace

md

16. Informant

Mr. Earl Walton

Address

Quinn's md

17.

(Burial, cremation, or removal Which?)

Date thereof

3/21/47
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Smithville md

18. Funeral director

Mr. H. Hutchins

Address

Quinn's md.

19.

(Date rec'd by registrar)

Mar. 1819 47Grace L. Hutchins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/18 19 47 at 4 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

acute
dilatation of heart

DURATION

5 min

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Hutchins
Grace L. Hutchins
Quinn's mdAddress..... Date signed 3/19/47

